FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076123 (6)

BLANTON'S TREE & LANDSCAPE, INC.

Principal Place of Business Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



304 BLACKBURN RD NOKOMIS FL 34275		304 BLACKBURN RD NOKOMIS FL 34275-3756						
					3. Date Incorporated or Qualified 10/13/1994	3a. Date of L 04/11/19		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0529619	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	_ 		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$ \$5.00 May Be Added to Fees		
Z(p 24	Country 25	Zip 29	Countr 30	y	Florida Statutes	ity for intangible tax under s. 199.032, ☐ Yes No		
	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	distered Agent		
	ne, stephen k		81	Name				
	AVENIDA DEL CIRCO CE FL 34285				ress (P.O. Box Number is Not Acceptab	le)		
			83					
			84	City		FL 85	Zıp Code	
agent. I a SIGNATURE	m familiar with, and accept the ob	ligations of, Section 607.0505	5, Florida Statute	·S.	poration submits this statement for the p tion's board of directors. I hereby accep		ging its registered int as registered	
	Signature, typed or printed name of registered	agent and title if applicable AND DIRECTORS	(NOTE Registered Ac	ent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE	CTODO IN 12	
12.	DP	DELETE		T	ADDITIONS/CHANGES TO OFFIC		ange Addition	
NAME	BLANTON, LARRY C SR		1.2 NAME					
STREET ADDRESS	304 BLACKBURN RD			T ADDRESS				
CITY-ST-ZIP	NOKOMIS FL 34275		14 CiTY-					
TITLE	DST	☐ DELETE				☐ Cr	ange 🔲 Addition	
NAME	BLANTON, KAREN A		2 8 NAME					
STREET ADDRESS	304 BLACKBURN RD		2.8 STREE	T ADDRESS				
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 CITY-	ST-ZIP				
TITLE	DV	☐ DELETE	3.1 TOLE	Ì		☐ ct	ange 🔲 Addition	
NAME	BLANTON, LARRY C JR		3.2 NAME					
STREET ADDRESS	4052 KATHRYN ST		3.8 STALE	I ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236		3.4. C(1Y-	ST-ZIP				
TITLE	D DIANTON DEDOVID	🔀 DELETE				X Cr	ange	
NAME	BLANTON, PERCY P		4. 2 NAME	1				
STREET ADDRESS	4765 N ARROW PT	DECEASED		T ADDRESS				
CITY-ST-ZIP	HERNANDO FL 32642	DECEASE OF	4.4 CHTY- 5.1 TITLE	S1-7IP		☐ CF	ange Addition	
TITLE NAME	BLANTON, LARUE	L DECTE	5.2 NAME			L., U	ionge [_] MuditiOff	
*	4765 N ARROW PT							
STREET ADDRESS	HERNANDO FL 32642			T ADDRESS				
CITY-ST-ZIP TITLE	HIMINITO I L DEVIC	DELETE	5.4 CHY-	51- ZIP		Cr	ange Addition	
NAME		pricit	6.2 NAME			V		
STREET ADDRESS				1 ADDRESS				
OTTY OF THE			6.4 CITY-					

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.